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Adversity or Prosperity: A Comparative Socio-Economic Study of Selected Local Health Areas in British Columbia

Although the majority of British Columbians enjoy living in healthy and vibrant communities, a number face health and socio-economic challenges. In some cases, people in adjacent communities experience completely different health, education, income and socio-economic conditions.

This article provides a socio-economic study of two Local Health Areas (LHAs) in close proximity of each other in each health region of BC. A map of these LHAs and the summary tables of all indicators are provided at the end. The data[1] for the selected indicators in these communities are from BC Stats Socio-Economic Profiles and Indices program. For more information on the profiles and indices for these and other areas in the province, please visit: http://www.bcstats.gov.bc.ca/data/sep/index.asp

Interior Region

Cariboo-Chilcotin & 100 Mile House

LHA 27 – Cariboo-Chilcotin

Cariboo-Chilcotin covers approximately 43,818 square kilometres and has a population of 26,857. A little over half of the population in this LHA is 25-64 years of age while nearly 21 percent is under 18 years of age. Approximately 14 percent of the population is over 65 years of age. Around 19 percent of the population in Cariboo-Chilcotin is Aboriginal and nearly 5 percent reported being a member of the visible minority population.[2]

LHA 25 – 100 Mile House

100 Mile House covers approximately 11,048 square kilometres and has a population of 14,959. Similar to Cariboo-Chilcotin, a little over half (53.2 percent) of the population in this LHA is 25-64 years of age. Around 16 percent is under 18 years of age while 21 percent is over 65 years of age. Around 10 percent of the population is Aboriginal and 1.1 percent identified themselves as part of the visible minority population.

Based on September 2011 data, a greater proportion of population in Cariboo-Chilcotin received income assistance (2.5 percent) compared to 100 Mile House (1.0 percent). Cariboo-Chilcotin also had higher rates of those who received employment insurance (3.2 percent and 2.6 percent respectively).

[1] The data sources for the BC Stats socio-economic Profiles are obtained from a number of Federal and Provincial data sources. For a complete list of these sources, please see http://www.bcstats.gov.bc.ca/data/sep/glossary.pdf

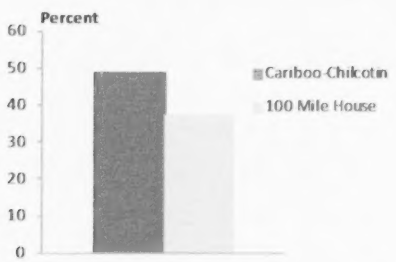
[2] Aboriginal and visible minority populations are separate entities.

Cariboo-Chilcotin Had Higher Income Assistance and Employment Insurance Rates Compared to 100 Mile House, September, 2011

Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

Based on 3-year average (2008/09-2010/11), Cariboo-Chilcotin also had much higher proportion of 18-year-olds who did not graduate from high school compared to 100 Mile House (49.1 percent and 37.3 percent respectively). Post-secondary credential rates were nearly the same for both LHAs.

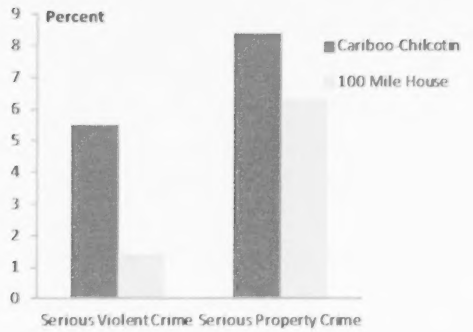
Cariboo-Chilcotin Had a Much Higher Rate of 18-Year-Olds Who Did Not Graduate From High School Compared to 100 Mile House, Avg. 2008/09-2010/11



Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

The 3-year average crime rates for 2008-2010 for both serious violent crimes and serious property crimes were notably higher for Cariboo-Chilcotin compared to 100 Mile House (5.5 percent and 8.4 percent compared to 1.4 percent and 6.3 percent respectively). The BC rates were 3.3 percent and 7.8 percent respectively.

Cariboo-Chilcotin Had Higher Serious Violent and Property Crimes Compared to 100 Mile House, Avg.2008-2010



Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

A notable difference between the two LHAs was the rate of teen pregnancies. The 3-year average rate of teen pregnancies (2008-2010) for Cariboo-Chilcotin was 53.1 per 1000 women age 15-19 which was more than two times higher than the rate for 100 Mile House (24.4 per 1,000).

The rate of infant mortality was also higher in Cariboo-Chilcotin (6.3 per 1,000) compared to 100 Mile House (3.9 per 1,000). BC's infant mortality rate was 3.7 per 1,000.

Fraser Region

Chilliwack & Delta

LHA 33 - Chilliwack

Chilliwack covers approximately 1,269 square kilometres and has a population of 87,577. Nearly 52 percent of the population in Chilliwack is 25-64 years of age and almost a quarter (22.4 percent) is under 18 years of age. Close to 17 percent of the population is over 65

years of age. Around 7 percent of the Chilliwack's population is Aboriginal and 4.3 percent identified themselves as part of the visibility minority.

LHA 37 – Delta

Delta covers approximately 200 square kilometres and has a population of 101,029. Around 51 percent of the population is 25-64 years of age with nearly 20 percent being under 18 years of age. Close to 21 percent of the population is over 65 years of age. Only 2 percent of the population of Delta is Aboriginal and almost 27 percent identified themselves as part of the visible minority population.

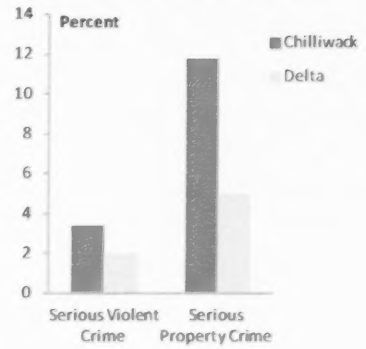
The percentage of lone-parents was noticeably higher in Chilliwack (26.5 percent) compared to Delta (19.6 percent). In addition, female lone-parents had a much lower income in Chilliwack compared to Delta ($36,234 and $50,549 after-tax respectively).

Based on September 2011 data, 3 times more people received income assistance in Chilliwack compared to Delta (1.2 percent and 0.4 percent respectively). Chilliwack's rate was also higher than the BC rate (1.0 percent). The employment insurance rates were nearly the same in both LHAs.

Compared to Delta, Chilliwack had nearly twice as many 18-year-olds who did not graduate from high school (28.7 percent and 10.3 percent respectively) based on 3-year average (2008/09-2010/11). Chilliwack also had a higher proportion of those without post-secondary credentials (47.3 percent) compared to Delta (36.8 percent).

Both serious violent crime and serious property crime rates were much higher in Chilliwack compared to Delta (3.4 percent and 11.8 percent compared to 2.0 percent and 5.0 percent respectively). The rate for non-cannabis drug offences was also much higher in Chilliwack compared to Delta (164.8 per 100,000 and 136.2 per 100,000 respectively).

Chilliwack Had Higher Serious Violent and Property Crime Rates Compared to Delta, Avg. 2008-2010



Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

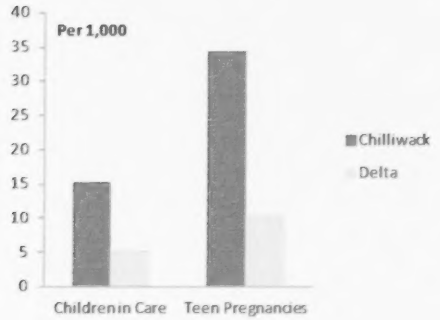
The potential years of life lost due to accidental causes was 8.4 per 1,000 in Chilliwack compared to 5.7 per 1,000 in Delta. Similarly, potential years of life lost due to suicide/homicide was 3.3 per 1,000 in Chilliwack compared to 2.4 per 1,000 in Delta.

Chilliwack had more than two times the rate of youths who were hospitalized due to motor vehicle accidents compared to Delta

(1.8 per 1,000 and 0.8 per 1,000 respectively). In addition, Chilliwack also had over three times the rate of children who were under government care compared to Delta (15.3 per 1,000 and 5.4 per 1,000 respectively). Chilliwack's rate was also much higher than the provincial rate (9.1 percent). Based on 3-year average (2008-2010), compared to Delta, Chilliwack had more than three times the rate of teen pregnancies (10.4 and 34.3 per 1,000

women age 15-19 respectively). The provincial rate was 23.3 per 1,000 women age 15-19.

Chilliwack Had much Higher Rates of Children in Care and Teen Pregnancies Compared to Delta



Note: Children in care date are reported for Dec. 2011 while teen pregnancies are based on 3-year average (2008-2010)

Source: BC Stats Socio-Economic Profiles, 2011 Cycle

Vancouver Coastal Region

Howe Sound & West Vancouver-Bowen Island

LHA 48 – Howe Sound

Howe Sound covers 9,162 square kilometres and has a population of 36,823. Nearly two thirds of the population is 25-64 while 21.4 percent is under 18 years of age. Seven percent of the population is over 65 years of age. Around 8 percent of the population in Howe sound is Aboriginal and 10.5 percent identified themselves as visible minority.

LHA 45 - West Vancouver-Bowen Island

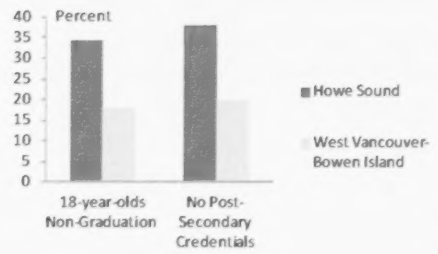
West Vancouver-Bowen Island covers approximately 219 kilometres and has a population of 52,949. Almost half of the population (49.7 percent) is 25-64 and close to 19 percent is under 18 years of age. Nearly 21 percent of the population is over 65 years of age. A little over 2 percent of the population in West Vancouver-Bowen Island is Aboriginal and 21.7 percent identified themselves as visible minority.

Based on 2005 data, the average family income was $79,580 in Howe Sound compared to $180,434 in West Vancouver-Bowen Island.

According to the data for September 2011, 3.1 percent of the population over the age of 15 in Howe Sound received employment insurance (more than 6 times the rate of West Vancouver-Bowen Island at 0.5 percent). The provincial rate was 1.8 percent.

Based on data from 2008/2009-2010/2011, 34.1 percent of all 18-year-olds did not graduate from high school in Howe Sound compared to 18.1 percent in West Vancouver-Bowen Island. Howe Sound also had a much higher proportion of those with no post-secondary credentials.

Howe Sound Had a Higher Proportion of both the 18-Year-Olds Who Did Not Graduate and Those With no Post-Secondary Credentials Compared to West Vancouver-Bowen Island



Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

Both serious violent and property crimes were much higher in Howe Sound compared to West Vancouver-Bowen Island. The 3-year

average rate (2008-2010) of serious violent crimes was 3 times higher in Howe Sound compared to West Vancouver-Bowen Island (3.0 percent and 1.0 percent respectively). Serious property crime in Howe Sound was also almost twice the rate of West Vancouver-Bowen Island (7.4 percent and 4.3 percent respectively).

Howe Sound Had Much Higher Serious Violent and Property Crime Rates Compared to West Vancouver-Bowen Island, Avg. 2008-2010

Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

Non-cannabis drug offences were also more than 5 times higher in Howe Sound compared to West Vancouver-Bowen Island (276.3 per 100,000 and 50.2 per 100,000 respectively). The provincial rate was 193.6 per 100,000.

Potential years of life lost due to accidental causes and suicide/homicide were much higher in Howe Sound (12.0 per 1,000 and 4.7 per 1,000) compared to West Vancouver-Bowen Island (3.2 per 1,000 and 3.5 per 1,000 respectively). The provincial rates were 6.9 per 1,000 and 3.9 per 1,000 respectively.

Infant mortality was 6 times higher in Howe Sound at 4.2 per 1,000 compared to 0.7 per 1,000 for West Vancouver-Bowen Island. The provincial rate was 3.7 per 1,000.

A notable difference was also seen between the two LHAs for the rate of children in care (7.7 per 1,000 compared 2.6 per 1,000). Howe Sound also had more than 5 times the rate of teen pregnancies compared to West Vancouver-Bowen Island (27.5 and 5.7 per 1,000 women age 15-19 respectively).

Vancouver Island Region

Alberni and Courtenay

LHA 70 – Alberni

Alberni covers approximately 6,941 square kilometres and has a population of 31,664. Almost 54 percent of the population is 25-64 and 19.1 percent is under 18 years of age. Close to 18 percent of the population in Alberni is over 65 years of age. Around 16 percent of the population is Aboriginal and 4.1 percent identified themselves as part of the visible minority population.

LHA 71 – Courtenay

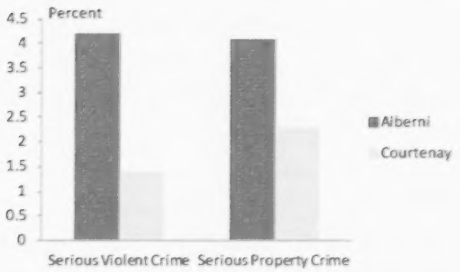
Courtenay covers 1,740 square kilometres and has a population of 64,805. Nearly 54 percent of the population in Courtenay is 25-64 and close to 18 percent is under 18 years of age. Twenty percent of the population is over 65 years of age. Almost 5 percent of the population in Courtenay is Aboriginal and 3 percent identified themselves as part of the visible minority population.

Compared to Courtenay, Alberni had more than twice the rate of population who received income assistance (2.2 percent and 0.8 percent respectively). The provincial rate was 1.0 percent. Employment insurance was nearly the same for both Alberni (2.7 percent) and Courtenay (2.1 percent). The provincial rate was 1.8 percent.

Based on 3-year average, 2008/09-2010/11, 42.5 percent of 18-year-olds in Alberni did not graduate from high school. The rate in Courtenay was 26.9 percent which was slightly lower than the provincial rate of 27.9 percent. Similarly, Alberni had a higher percentage of those without post-secondary credentials (50.1 percent) compared to Courtenay (41.6 percent). The provincial rate was 37.2 percent.

The rates of serious violent and property crimes were also much higher in Alberni compared to Courtenay (4.3 percent and 9.3 percent compared to 1.4 percent and 5.0 percent respectively). Non-cannabis drug offences were also higher in Alberni (182.8 per 100,000) compared to Courtenay (129.1 per 100,000).

Alberni Had Much Higher Serious Violent and Property Crime Rates Compared to Courtenay, Avg. 2008-2010

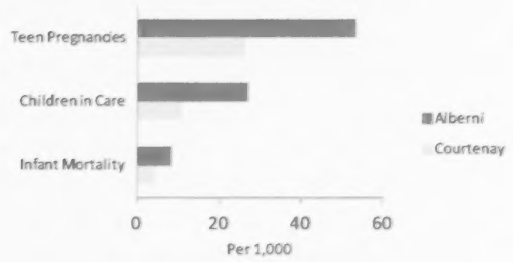


Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

The rate of potential years of life lost due to accidental causes in Alberni was nearly twice the rate of Courtenay (14.1 per 1,000 compared to 7.5 per 1,000). The provincial rate was 6.9 per 1,000. The rate of potential years of life lost due to suicide/homicide was also much higher in Alberni (6.2 per 1,000) compared to Courtenay (3.9 per 1,000). The provincial rate was 3.9 per 1,000.

Health indicators for children and youth were also notably different between the two LHAs. Infant mortality was 8.2 per 1,000 live births in Alberni compared to 4.0 per 1,000 live births in Courtenay. BC's rate of infant mortality was 3.7 per 1,000. Alberni also had more than 3 times the rate of children in care compared to Courtenay (27.7 per 1,000 and 8.0 per 1,000 respectively). Alberni's rate was also more than 3 times higher than the provincial average (9.1 per 1,000). The rate of teen pregnancy was more than two times higher in Alberni compared to Courtenay (52.3 and 24.8 per 1,000 women age 15-19 respectively). The provincial teen pregnancy rate was 23.3 per 1,000 women age 15-19.

Alberni Had Higher Teen Pregnancies (2008-2010), Children in Care (Dec. 2011) and Infant Mortality Rates (2007-2011) Compared to Courtenay



Note: Teen pregnancies are based on 3-year averages and infant mortality data are based on 5-year averages.

Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

Northern Health Region

Nechako & Smithers

LHA 56 – Nechako

Nechako covers approximately 43,648 square kilometres and has a population of 15,168. Almost 52 percent of the population in Ne-

chako is 25-64 and 25.2 percent is under 18 years of age. Close to 13 percent of the population is over 65 years of age. Around 22 percent of the population in Nechako is Aboriginal and 3.5 percent consider themselves as part of the visible minority population.

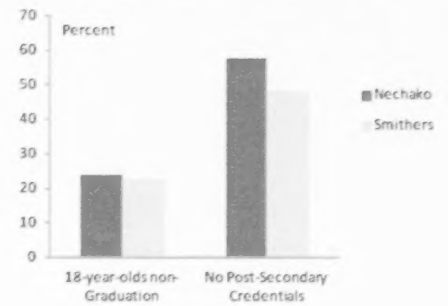
LHA 54 – Smithers

Smithers covers 9,810 square kilometres and has a population of 16,252. A little over half (52.7 percent) of the population in Smithers is 25-64 and 24 percent is under 18 years of age. Twelve percent of the population is over 65 years of age. Around 12 percent of the population of Smithers is Aboriginal and 3.6 percent consider themselves as part of the visible minority population.

Based on 2006 data, the average family incomes were similar in Nechako and Smithers at $73,697 and $76,278 after-tax respectively. However, the female lone-parent income was much lower in Nechako compared to Smithers ($28,210 and $40,054 respectively). Nechako also had a higher proportion of the population who received income assistance compared to Smithers (1.7 percent and 1.0 percent respectively). The provincial rate was 1.0 percent.

Both Nechako and Smithers had similar proportion of 18-year-olds in Nechako did not graduate from high school (23.7 percent and 22.6 percent respectively). However, a higher proportion of the population in Nechako did not have post-secondary credentials compared to Smithers (57.6 percent and 48.2 percent respectively).

Nechako Had a Higher Proportion of Both the 18-Year-Olds Who Did Not Graduate and Those With no Post-Secondary Credentials

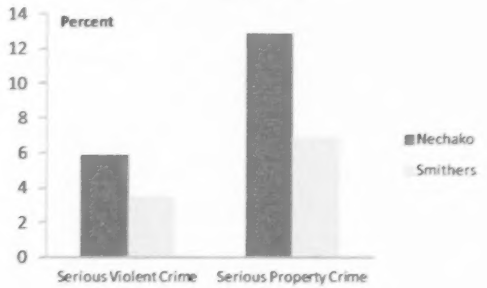


Note: 18-year-old graduation rates are based on 3-year average (2008/09-2010/11) and post-secondary credentials are from 2006 Census.

Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

Serious violent crime rates were nearly two times higher in Nechako compared to Smithers (5.9 percent and 3.5 percent respectively). Similarly, serious property crime rates were also higher in Nechako compared to Smithers (12.9 percent and 6.9 percent respectively). The provincial rates for these crimes were 3.3 percent and 7.8 percent respectively.

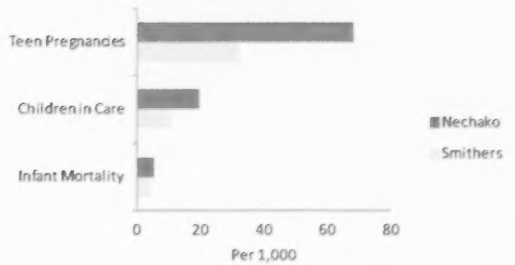
Nechako Had Much Higher Serious Violent and Property Crime Rates Compared to Smithers, Avg. 2008-2010



Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

Infant Mortality was much higher in Nechako compared to Smithers (7.3 per 1,000 and 0.9 per 1,000 respectively). The rate of children in care was 19.3 per 1,000 in Nechako compared to 10.5 per 1,000 in Smithers. The provincial rate was 9.1 per 1,000. The teen pregnancy rate was also more than two times higher in Nechako compared to Smithers (68.9 and 30.6 per 1,000 women age 15-19 respectively). The provincial rate for the same was 23.3 per 1,000.

Nechako Had Higher Teen Pregnancies (2008-2010), Children in Care (Dec. 2011) and Infant Mortality (2007-2011) rates Compared to Smithers



Note: Teen pregnancies are based on 3-year averages and infant mortality data are based on 5-year averages.

Source: BC Stats Socio-Economic Profiles, 2011 Cycle.

Conclusion

The comparative study of the LHAs has shown that a number of communities in BC face health, education and socio-economic challenges. Along with related social, economic and environmental factors, these communities have a higher portion of vulnerable population with lower educational attainment and income possibilities that if improved could ultimately affect their health and well-being. BC Stats reports conducted in the 1990s identified these same communities as facing challenges compared to the rest of the population in BC.

Although this report has concentrated on a selected number of indicators of the over 100 that are reported in the BC Stats Socio-Economic Profiles, nonetheless, it has provided a comparative snap shot of what indicators can contribute to the overall health and the success of a community.

It is perhaps necessary to monitor these communities and develop better measures and tailor programs that will improve the education, income, and health prospects of the population in these communities.